

# Discovery Park Docent Program

## Docent Application Form

NAME \_\_\_\_\_ DATE \_\_\_\_\_

First name as you want  
it to appear on your name tag: \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ Are you 18 or over? \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

Place of employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Is it possible to call you at work? \_\_\_\_\_ WORK PHONE \_\_\_\_\_

---

Are you interested in working weekends or weekdays or both? Please specify:

Why do you want to be a docent at Discovery Park?

Have you ever taught or worked with children? (please list your experience)

Which age group(s) do you prefer working with? (check any that apply)

\_\_\_\_\_ tots (age 2-4)

\_\_\_\_\_ preschool/kindergarten (age 4-5)

\_\_\_\_\_ elementary (age 6-12)

\_\_\_\_\_ teens (age 12-17)

\_\_\_\_\_ adults

Please list any special skills or areas of interest you have, i.e. photography, art, natural history, teaching, storytelling, birdwatching, speaking another language etc:

---

---

---

---

How did you learn about the Discovery Park Docent program?

---

---

Do you have a Washington State Drivers License? ☐yes ☐no

Do you have car insurance? ☐yes ☐no

Are you trained in ☐CPR ☐First Aid

Agreement with Discovery Park Docent Program:

- I will complete the docent training (10 sessions in Spring, 10 sessions in Fall).
- I will be able to fulfill the needs and requirements of the Discovery Park Docent Program.
- I plan on making a commitment of at least one year to the Discovery Park Docent Program.

Signature\_\_\_\_\_Date\_\_\_\_\_

Applications are due <i><u>Tuesday, February 1, 2005</u></i>
--------------------------------------------------------------

PLEASE COMPLETE AND RETURN TO:

Discovery Park  
3801 West Government Way  
Seattle, WA 98199  
Attn: Docent Coordinator